

Fraud/Waste/Abuse Activities Report: Case Log INSTRUCTIONS:

1. Report BOTH open and closed cases. (We had originally thought that we could exclude open cases, but we're required to monitor those as well.)
2. For reporting purposes, use field names EXACTLY as shown in the specifications. Do NOT change spelling or add spaces to field names.
3. For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
4. Any field with a data type of "Text" is limited to a maximum of 255 characters. Any characters beyond that will be truncated. (It is very unlikely that you will ever need that many characters for the fields requested for this report. Most Text fields are limited to an Acceptable Values list anyway.)
5. Submit report in a pipe-delimited file format.
6. The first row of the pipe-delimited file MUST contain the field names.

Revised March 2016

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
Year	Number		Report the 4-digit calendar year.
Quarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter using only the Acceptable Values.
HealthPlanName	Text	AetnaBetterHealth HomeState MissouriCare	Report the Health Plan Name using only the Acceptable Values. NOTE that there are NO SPACES in the plan names in the Acceptable Values list.
HealthPlanRegion	Text	Eastern Central Western Southwestern	Report the Health Plan Region using only the Acceptable Values.
SubmittingEmployeeLastName	Text		Revised field. The last name of the employee submitting the Fraud/Waste/Abuse report.
SubmittingEmployeeFirstName	Text		New field. The first name of the employee submitting the Fraud/Waste/Abuse report.
SubmittingEmployeePhone	Text		The phone number of the person submitting the Fraud/Waste/Abuse report. Format phone number as: xxx-xxx-xxxx.
OpenOrClosed	Text	Open Closed	Indicate whether the case being reported has been closed, or is still open. Use only the Acceptable Values.
TypeOfCase	Text	Health Plan Provider Member Health Plan Employee Subcontractor Other	Report the TypeOfCase using only the Acceptable Values.
TypeOfCase_ExplanationOfOther	Text		A description of the type of case for any 'TypeOfCase' of 'Other'.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ProviderType	Text	Dental DME/Home Health/Personal Care Emergency Room Health Plan Hearing Aid Inpatient Laboratory, Radiology and Other Diagnostic Services Mental Health/Substance Abuse Optical Other Outpatient/Outpatient Clinic Pharmacy Primary Care Rehab Services(OT/PT/ST) Specialist Care Transportation	Report the ProviderType using only the Acceptable Values.
PrimaryPersonInvolvedLastName	Text		Revised field. Last name of the primary person the case is related to.
PrimaryPersonInvolvedFirstName	Text		New field. The first name of the primary person the case is related to.
PrimaryPersonInvolvedAddress1	Text		Revised field. Address1 of the primary person the case is related to.
PrimaryPersonInvolvedAddress2	Text		New field. Address2 of the primary person the case is related to.
PrimaryPersonInvolvedCity	Text		New field. City of the primary person the case is related to.
PrimaryPersonInvolvedState	Text		New field. State of the primary person the case is related to.
PrimaryPersonInvolvedZIP	Text		New field. ZIP Code of the primary person the case is related to.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
IdentifyingNumber	Text		A number that will identify the primary person the case is related to. This is either the member's DCN, or the Provider Number submitted to MO HealthNet in the provider demographic field.
TypeOfIdentifyingNumber	Text	Provider Number Member Number Other	Report the type of identifying number provided in the 'IdentifyingNumber' field, using only the Acceptable Values.
TypeOfIdentifyingNumber_ExplanationOfOther	Text		A description of the type of identifying number for any 'TypeOfIdentifyingNumber' of 'Other'.
CategoryOfService	Text	Dental DME/Home Health/Personal Care Emergency Room Health Plan Hearing Aid Inpatient Laboratory, Radiology and Other Diagnostic Services Mental Health/Substance Abuse Optical Other Outpatient/Outpatient Clinic Pharmacy Primary Care Rehab Services(OT/PT/ST) Specialist Care Transportation	Report the category of service of the case being reported, using only the Acceptable Values.
CategoryOfService_ExplanationOfOther	Text		A description of the category of service for any 'CategoryOfService' of 'Other'.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ReferralSource	Text	Health Plan State Agency - DMS State Agency - Family Support Division Health Plan Member Health Plan Provider Other	Report the referral source for the case being reported, using only the Acceptable Values.
ReferralSource_ExplanationOfOther	Text		A description of the referral source for any 'ReferralSource' of 'Other'.
CaseOpenedDate	Date		Enter the date the case was identified. Format date as mm/dd/yyyy.
CaseDescription	Text		A description of the case, including names, dates, and other pertinent information that will clearly explain the case.
SummaryOfMCOAction	Text		A description of the activities taken by the Managed Care Plan following the identification of the case.
EstimatedDollarsInvolved	Number		Enter the approximate dollars involved in the case. Round to nearest whole dollar.
ActionTaken_ProviderTerminated	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_ProviderEducation	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_CorrectiveActionPlan	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_RecoupmentOfPayments	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_ProviderSanctions	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_MemberEducation	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_RequestedMemberDisenrollment	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_MemberLockedIn	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ActionTaken_CaseUnsubstantiated	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_Other	Text	Yes No	New field. Indicate 'Yes' or 'No', whether the designated action was taken.
ActionTaken_ExplanationOfOther	Text		A description of the action taken for any 'ActionTaken_Other' of 'Yes'.
ReferredToEnforcement	Text	Yes No	Indicate 'Yes' or 'No' whether the case was referred to an enforcement entity.
ReferredToEnforcement_HealthPlanInternal	Text	Yes No	New field. Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_DMS_MFCU	Text	Yes No	New field. Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_DMS_MIU	Text	Yes No	New field. Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_LocalLawEnforcement	Text	Yes No	New field. Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_LicensingAgency	Text	Yes No	New field. Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_Other	Text	Yes No	New field. Indicate 'Yes' or 'No' whether the case was referred to the designated enforcement entity.
ReferredToEnforcement_ExplanationOfOther	Text		A description of the enforcement entity for any 'ReferredToEnforcement_Other' of 'Yes'.
CaseClosedDate	Date		The date the case was closed. Format date as mm/dd/yyyy.
AdditionalComments	Text		Enter any additional information not captured in other fields.